V.I. EMPLOYMENT SECURITY ABENCY UNEMPLOYMENT INSURANCE SERVICE 53A-54A & B KRONPRINDSENS GADE ST. THOMAS, U.S.V.I. 00801

## MULTI-ESTABLISHMENT REPORT

FOR EMPLOYER WITH TWO (2) OR MORE ESTABLISHMENTS
SUPPLEMENT TO EMPLOYER'S QUARTERLY
WAGE AND CONTRIBUTION REPORT

Delinquent After:	Taxable Wage Base:
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yees who worked	
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Vour Toy Boto:

INSTRUCTIONS: For each separate establishment or location listed in Column 1, complete columns 2 through 6. For column 2, enter the island of operations. In columns 3A, 3B and 3C, enter the number of employees who worked or received pay for any part of the pay period which includes the 12th of each month of the quarter. In columns 4, 5 and 6, enter total wages, taxable wages, and contributions due for each entry in column 1. The totals at the bottom of each column (3A through 6) MUST EQUAL corresponding totals (items 19, 7A, 7B, and 8) on the EMPLOYERS QUARTERLY WAGE and CONTRIBUTION REPORT (VIUIS - 2)

DO 1. ESTABLISHMENT DESIGNATION NOT TRADE NAME AND LOCATION ADDRESS USE ADD ANY TRADE NAME AND LOCATION NOT PREPRINTED BELOW	TRADE NAME AND LOCATION ADDRESS	2. ISLAND	DO NOT	DO NOT	3. NUMBER OF EMPLOYEES  A. IB. IC.			4.TOTAL WAGES PAID		5. TAXABLE WAGES PAID		6. CONTRIBUTION DUE	
		USE	USE	A. 1ST MONTH		C. 3RD MONTH	DOLLARS	CENTS	DOLLARS	CENTS	DOLLARS	CENTS	
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For Quarter Ending:

TOTALS: MUST EQUAL totals for itmes 19, 7a, 7B, and 8
on EMPLOYER'S QUARTERLY WAGE and CONTRIBUTION REPORT

